

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/7/03.

I. DISPUTE

Whether there should be additional reimbursement for treatment/services (including CPT codes 63090-65, 63091-65, 22845-65, 76499-65, 22845-65, 22558-65 and 22585-65) rendered by the co-surgeon on 5/8/02. The respondent's denials were both denied with "D" and the two EOB's were from two different audit companies.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR \$ (Maximum Allowable Reimbursement)	Reference	Rationale
5/8/02	63090-65	\$8,585.00	\$0.00	D	\$4248.x50% x75%=\$1,593.00	MFG / SGR I (D)(3)(b) I (E)(2)(d)	L4-5, L5-S1 anterior lumbar inter-body fusion with instrumentation, primary procedure, described in the operative report supports delivery of service. Therefore, reimbursement due according to the Surgery Ground Rules, for the co-surgeon. Amount due: \$1,593.00
	63091-65	\$2,450.00	\$0.00	D	\$708. x.75%= \$531.00	Same as above.	L4-5, L5-S1 anterior lumbar inter-body fusion with instrumentation described in the operative report supports delivery of service. Therefore, reimbursement due according to the Surgery Ground Rules, for the co-surgeon. Amount due: \$531.00
	22845-65	\$1,125.00	\$0.00	D	\$2,950.x 75%= \$2,212.50	Same as above	Same as above, amount due: \$2,212.50
	76499-65	\$ 400.00	\$740.00	F	DOP		(Paid, not in dispute)
	22845-65	\$6,362.00	\$0.00	D	\$2,950.x 75%= \$2,212.50	Same as above	Same as 63091 above, amount due: \$2,212.50
	22558-65	\$5,324.00	\$0.00	D	\$2,660. x75%= \$1,995.00	Same as above	Same as above, amount due: \$1,995.00
	22585-65	\$2,230.00	\$0.00	D	\$637. x 75%= \$477.75	Same as above	Same as above, amount due: \$477.75
TOTAL		\$26,476.00					The requestor is entitled to reimbursement of \$9,021.75.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) 63090-65, 63091-65, 22845-65, 76499-65, 22845-65, 22558-65 and 22585-65). Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$9,021.75** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 27th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor,
Medical Dispute Resolution
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